ASAP Organization Enrollment and User ID Request Form

Section I - Organization Information

Date: _____ **Action:** [ ] NEW ORGANIZATION   [ ] CHANGE EXISTING ORGANIZATIONAL DATA   **For RFC Use Only:** [ ] Passport   [ ] CQ

Organization Name: _____   **Operating System:** [ ]DOS   [ ]Win 3.1   [ ]Win '95/'98/NT   [ ] Win 2000

[ ]OS/2   [ ]MAC   [ ]None

Organization Type: [ ] State Agency [ ] University [ ] ITO [ ]For Profit [ ] Non-Profit [ ] Other   **If an existing organization, do you need additional software?** [ ] Yes   [ ] No

[ ] EBT Processor   [ ] FRB LOC   **CD Tutorial Version:** [ ] Audio/Text [ ] Text Only [ ] None

User Type: [ ] Payment Requestor ONLY   [ ] Payment Requestor and Recipient Organization   **DUNS Number (9 digits):**_____

[ ] Recipient Organization ONLY   [ ] Super User   **Employer Identification Number (EIN) (9digits)**:_____

Access: [ ] On-Line   [ ] Voice Response System   [ ] Both   [ ] None   **Organization Short Name** (10 characters maximum): _____

Mailing Address: _____   **Street Address:** _____

_____   _____

City, State and Zip: _____   **City, State and Zip:** _____

Primary Contact Name: _____   **Secondary Contact Name:** _____

Phone: _____ **Fax:**_____   **Phone:** _____ **Fax:** _____

Internet E-Mail Address: _____   **Internet E-Mail Address:** _____

Section II – Individual User Information

FOR RFC USE ONLY - ASAP ID:_____

NAME Include First, Middle Initial, and Last Name. Each individual MUST sign in the appropriate space on the reverse side.	TELEPHONE NUMBER	FUNCTIONS			ACCESS		Current Users Only:		RFC Use Only
		Payment Request	Inquiry Only	AMA	On-Line	VRS	User's Logon ID	VRS PIN	User Group
[ ] Add [ ] Change [ ] Delete									
[ ] Add [ ] Change [ ] Delete									

Legend: **Functions:** A=Add, D=Delete. If requesting AMA, an AMA Access Form is required.
Access: Y = Yes, N = No. Users may choose both access options if the organization is a VRS user. Access to ASAP can be On-Line and/or by telephone (VRS).
Current Users Only: Indicate the existing individual's logon ID for any changes to a user's functions or access in this column.

Section III – Authorizing Official's Signature

By signing this document, I certify that the individual(s) requiring access to ASAP and identified above have read and signed the "User Responsibility Statement" on the reverse side of this document and signatures will be maintained by the organization.

_____   _____

Signature   **Title**

_____   _____   _____

Name   **Phone Number**   **Date**

FEDERAL RESERVE BANK OF RICHMOND
USER RESPONSIBILITY STATEMENT

LOGON ID AND PASSWORD:

The Federal Reserve Bank of Richmond will assign you a temporary password, which you must change within twenty-four hours from date of issuance to avoid being placed in a revoked status. The password, which is under your sole control, provides protection for you and us. The pattern of your logon ID may be known by others, and the logon ID is displayed on the terminal screen when entered, but your 8-character password is not displayed and not known by anyone other than you. After initial logon, all ASAP users must access the system at least once within a six-month period to remain active. After nine months of non-use, your logon ID is deleted and new paperwork must be submitted to reissue your ID. If at any time during the log-on process the individual's logon ID or password should become suspended or revoked, please contact your servicing Regional Financial Center.

USER RESPONSIBILITIES:

Once assigned a logon ID and temporary password by the Federal Reserve Bank of Richmond, you agree to be responsible for the consequences that result from the disclosure or use of your password. To avoid compromising your password, you agree that you will:
- not make your password known to anyone or put it in written form unsecured;
- prevent others from watching you enter your password and guessing your password (for example, you should not use names of persons, places, or things that are identified with you);
- passwords **MUST** be 8 characters and **MUST** contain a combination of alpha and numeric characters.
- log off of the system whenever you leave the terminal unattended.

You must change your password periodically. We encourage all users to change their passwords monthly. In addition, you must report unauthorized use and if you feel that someone may know your password or otherwise feel insecure, you should CHANGE THE PASSWORD IMMEDIATELY.

I have read the Federal Reserve Bank of Richmond's User Responsibility Statement, agree to its terms, and understand my responsibilities for the use and protection of my logon ID and password and for the consequences that may result from disclosure or use. If I fail to adhere to any of the terms in this statement, the Federal Reserve Bank of Richmond may revoke my logon ID and take other appropriate action.

User's Signature: _____ Date: _____

User's Signature: _____ Date: _____

AUTHORIZING OFFICIAL RESPONSIBILITIES:
- Provide this statement to individuals requiring access to ASAP.
- Certify on the ASAP Organization Enrollment and User ID Request Form that your organization users have read and signed this statement.
- Maintain the User Responsibilities Statement with your organization's users' signatures.